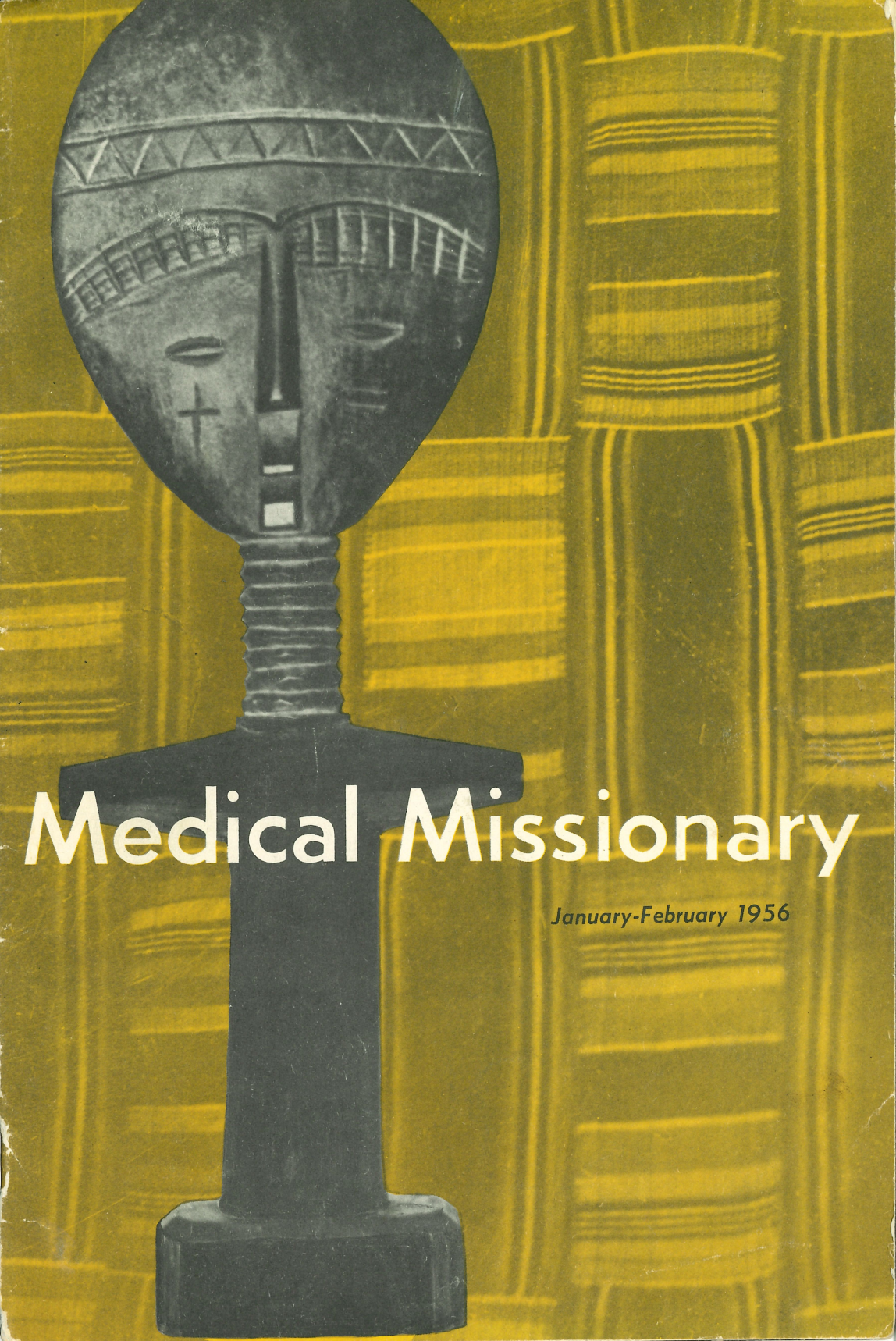


Medical Missionary

January-February 1956

THE Medical Missionary

Published by the
MEDICAL MISSION SISTERS
Society of Catholic Medical Missionaries, Inc.
PHILADELPHIA 11, PA.

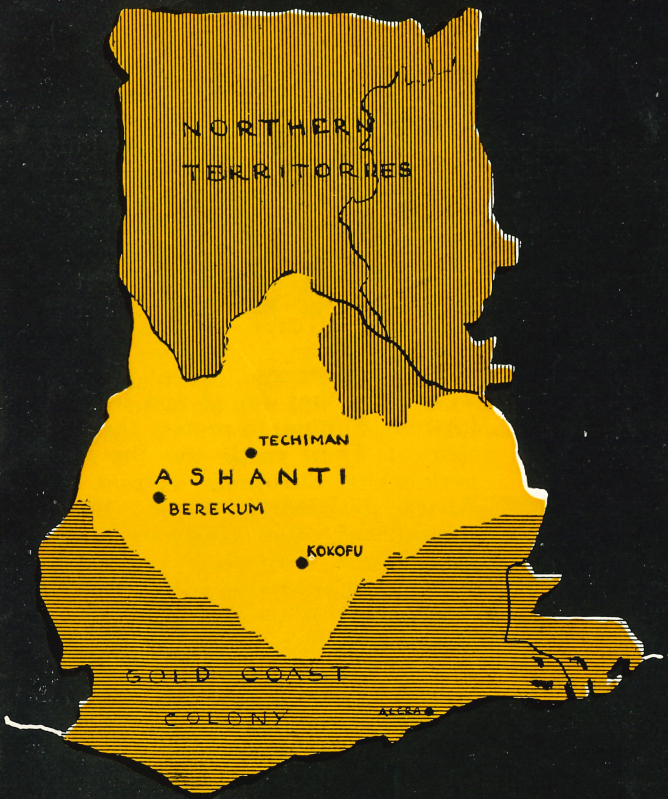
Vol. XXX No. 1 January - February, 1956
featuring — THE AFRICAN GOLD COAST

COVER: The background is the Kente Cloth worn by the African Chiefs

Land of the Golden Stool	Sr. M. Julia, S.C.M.M.	1
Introduction to Africa	Sr. M. Daniel, S.C.M.M.	5
Berekum Babies Don't Die	Sr. M. Richard, S.C.M.M.	7
The Patients Line Up		9
Yam Festival	Sr. M. Raphael, PHARM.	12
Bush Surgeon	Ynez Coit Tyler, M.D.	15
West African Sunday	Sr. M. Raphael, PHARM.	16
Saturday's Child	Sr. M. Laetitia, R.N.	18
Return to the Sacred Dance	Sr. M. Gerard, M.A. Lit.	20
Progress in the Gold Coast	Rt. Rev. Msgr. John O'Grady	22
All in the Day's Work		24
Medical Mission World		28

Photo credits: p. 3, 8, 28, 29, W.H.O.
p. 13, 20, 22, British Information

THE MEDICAL MISSIONARY is published bi-monthly with ecclesiastical approbation, by the Society of Catholic Medical Missionaries. Subscriptions $2.00 per year; 2 years $3.00; 5 years $6.00. Entered as 2nd class matter Sept. 11, 1928 at the Post Office of Phila., Pa., under the act of March 3, 1879. Tel. Pilgrim 5-6022. Editor: Sr. M. Angelica; Art Editor, Sr. M. Lawrence; Business, Sr. M. Cabrini.



LAND of the GOLDEN STOOL

Sr. M. Julia

Wedged in by French West Africa on three sides and facing the pounding surf of the Gulf of Guinea, the Gold Coast is both an enigma of history and the "brightest spot in Africa." On the edge of complete independence, the result of a "creative abdication" policy, the Gold Coast is 99% Negro, but is by no means a homogenous territory — "As is the case with so many European subdivisions of Africa, the Coast is really a purely arbitrary creation, a country that has no rational boundaries, no real frontiers. . ." The Gold Coast is made of three belts — the Crown Colony, Ashanti and the Northern Territories. The original Crown Colony stretches for 340 odd miles along the Guinea Coast, a region once called the "White Man's Grave." Even after the control of yellow fever and sleeping sickness the climate is wiltingly hot and moist. Still, it has two seaport cities — Accra and Takoradi, and has been in contact with European civilization for centuries. Half the population lives along this coastal strip.

The middle section is Ashanti, home of a tribal confederation who formerly specialized in warfare. Ashanti is a plateau where ebony and mahogany trees are found in the jungle, and the valuable cocoa tree grows in the shade. The one sizeable city is Kumasi, the ancient capital of the Ashanti kings, and today, the terminus of the single Railroad System. Our hospitals are all located in Ashanti.

Above Ashanti is the Protectorate of the Northern Territories, annexed in 1897. Barren and bleak, the land has ten persons per square mile. This section is subject to Moslem influence and is not distant from the famed Timbuctu.

That these three parcels were amalgamated into an aggressively national state is an accident of history. Several times Britain wanted to get rid of this incubus of trading settlements that had a knack of getting into trouble, and for many years the colony was administered from Sierra Leone and Nigeria. The Gold Coast of today, which is about the size of Nebraska, is united by a political hope and has come a long way in realizing this hope. Everywhere there is the seething interaction of old ways and new, of African and European. To find the meaning of the present in the lives of these four million people — the mud dwellers of the Northern Territories, the mammy traders of the Coast, the patriarchial chiefs in their kente cloths, the eager-eyed children in the bush school, the serious judge wearing a powdered wig — to find the meaning of the present we must search the fascinating past.

It is 1471, and a Portuguese ship is anchored near the shore, while a handful of men alight on the beach from a rowboat. These are merchants, licensed by the king and are seeking wealth in the form of gold, spices, timber and ivory, and lured on by that most attractive of barriers, the unknown. These trading companies are the spearheads of European colonial development.

The Portuguese were pleased with what they found and built a fortress, Elmina, to protect the settlement. Their castle was the first permanent European outpost in Africa in modern times. News spread, and other countries came, traded, and built their castles — 42 of these medieval relics dot the coast line. With the growth of plantations in the Americas, a new product came in great demand — human labor. In the hey day of the slave trade some 10,000 Negroes were deported annually from the Gold Coast alone, and oddly enough, many were sold by other Negroes as prisoners of war.

The Portuguese enjoyed their trade monopoly for a century and a half, but gradually withdrew in favor of the Dutch, Swedes and Danes. Finally the British came and stayed. Cape Coast Castle was their headquarters, and it is possible the British would have confined themselves to the coast, had the neighboring Ashantis remained quiet and retiring — which is unlikely. In 1826 the Fanti tribe was attacked and pleaded to the British for help. Thus began a series of eight successive wars culminating in the annexation of Ashanti in 1901. "The bush is stronger than the white man's cannon," and for a long time this was right. The last war was fought because of the white man's total misunderstanding of tribal customs. It was fought over a Golden Stool.

The symbol of authority for each

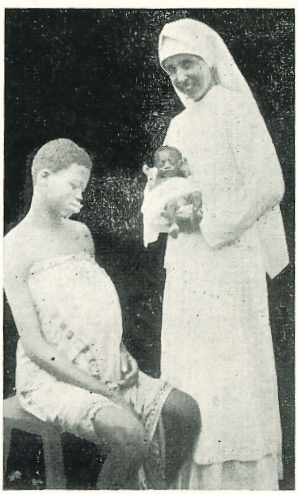
tribe of the Ashantis was—and is — a ceremonial stool, and for the whole nation it was the venerated Golden Stool which contains the soul of their people. To hand this over to the British, as they demanded, would not only have been a sacrilege, but would mean the destruction of the nation. It was only after 20 years, when Captain Robert Rattray made his classic studies of Ashanti life and beliefs, that the British realized the fiasco.

Rattray's were the first of numerous anthropological investigations revealing a complex culture that has its own values, sanctions and achievements. "Primitive" has one true technical meaning — the lack of a written language, and this is compatible with high achievements in other fields. For instance, the Ashanti legal code is well

Gold Coast peoples are considered among the most intelligent peoples of Africa.

developed and the king, whose election is governed by lineage and personal qualifications, may be deposed when he abuses power. Land tenure is affected by the veneration of ancestors who are the actual owners of the land. A farmer will pray, "Grandfather, you once came and hoed here, and then you left it to me."

Ashanti religious beliefs are particularly interesting because of parallels found in Jewish ritual. Evidently Jewish refugees at the



Sr. M. Raphael and a Nobi woman patient from the Northern Territories.

time of the Dispersion had contact with all the known people of Africa. The Ashanti idea of the supreme Being is most exalted, and their proverbs show His power and providence:

All men are offspring of Onyame.
(The Sky God)
If Onyame gives you sickness,
He gives you the medicine.

There is no need to deny the facts of fetishism, witchcraft and ritual murders. Our pre-Christian ancestors did the same things, but the idea informing these practices is not degrading. Death is thought of as a transition, not the end of life, and the idea of accompanying one's king to the after life is also found among the Egyptians and other ancient peoples.

We cannot end this brief glance at Negro culture with an apology. The old ways are fast becoming a kind of chrysalis, and the danger is that they will be forgotten before they are admired. Most of us judge the culture of the Negro from the Negro who has been robbed of his culture. Perhaps the most striking testimony of African greatness are Hale Woodruff's murals in the Trevor Arnett Library of Atlanta University. The mighty warriors and fabulous kings depicted here are fascinating, and the question cannot be escaped: Will Africa, will the Gold Coast once again reach these peaks of greatness?

There is every indication it will. The present basis of prosperity is not gold, but the cocoa tree. The Coast produces half of the world's exported cocoa, and the industry is still in the hands of the independent farmer. Besides cocoa, gold and commercial diamonds there are huge reserves of manganese, aluminum and bauxite. The Volta River Project, costing four hundred million dollars will industrialize these resources.

But it is more than rich natural resources that make the Gold Coast the most progressive state in West Africa. It is the people themselves. The Coast has made quicker strides toward independence than any other British dependency. When the Ashanti kingdom was annexed in 1901 the policy of indirect government was followed — the native chiefs were allowed to rule and their authority guaranteed by their British overlords. But this was not enough, and in 1951 a new Constitution was granted which gave Africans key positions in the cabinet and prepared the way for eventual self rule. With Kwame Nkrumah as Prime Minister it is not improbable the Gold Coast will achieve complete independence this year. The future of the adjacent mandate of British Togo is still undecided.

And when the British withdraw, will political stability and progress in health and education continue? The country is prosperous, but many people are poor, and at least three fourths are illiterate. The shield of Achimota College is a piano keyboard, symbolizing the harmony between black and white. Will these people, handsome, eager and intelligent, facing giant obstacles, will they, once they are totally independent, seek fulfillment and redemption from Marx or Mohammed, or from Christ?

The Chiefs came out to meet them

Introduction to Africa

Sr. M. Daniel, S.C.M.M.

FROM the beginning, life has been colorful and varied in Berekum, Gold Coast. The three pioneers, Srs. Margaret Mary, R.N., M. Paula, R.N. and Raphael, Pharmacist, were greeted enthusiastically one day in April, 1948 at the edge of town by the people of Berekum and surrounding villages. A huge sign splashed across the street read, "Welcome to Berekum." The Chief's own gaily-colored umbrella was hoisted over the Sisters as they were led in state to the convent and clinic. These had been built by the people under the direction of the Bishop and the Parish Priest. The people of Berekum had contributed 330 pounds themselves towards the cost of construction. This day was the realization of a two-years' dream for them, the heads of the Church and their Chief. No wonder they were so gay!

Holy Family Dispensary was the first opportunity for medical care for a great part of the 800,000 inhabitants of Ashanti District. It was also the first meeting of the Medical Mission Sisters and the people of Africa.

After all was said and done at the official Akwaba, or "welcome," His Lordship Bishop Paulissen proposed a vote of thanks. His closing remark was: "Wishing you all to be as little as possible in need of their (the Sisters') assistance, I pray God to bless you."

Indeed, God has blessed the work. It has increased and multiplied! For seven years, the growing staff of Medical Mission Sisters in Berekum has worked to relieve the sufferings and cure the ills of all who come from Berekum and the surrounding bush. In all that time, the most frequent patient to emerge from under the palm trees and between the elephant grass was the expectant mother. She came bringing her family and gracefully carrying her belongings on her head. It seemed to be the unanimous opinion of the villagers that here lay their greatest medical need. As in other parts of Africa, 50-80% of the babies died.

The news about Holy Family Dispensary penetrated farther and farther into the bush until the

Sisters found they were treating patients who had walked 30 miles or came from such places as the Northern territories, Togoland and even Nigeria. They continued to come until the Sisters reported 55,000 patients a year. By then, it was past time to expand and become Holy Family Hospital.

In-patients were hospitalized in the clinic rooms at night. In the morning, they had to be moved out under the palm trees to make room for the daily clinic patients. Luckily, even during the monsoon, it rains only at night!

October 6, 1952 was the big day. Once again, the Bishop and the Berekumhene (Chief) Nana Yiadom Boakye Owusu II came for the ceremony. This time it was to bless and lay the cornerstone for the first Catholic hospital to be built in all the Gold Coast. Here too, a few months later in 1953, Gold Coast girls were admitted to the first Catholic school of nursing in the Gold Coast. In the words of His Excellency, Bishop Andreas Bronk of Kumasi, the 4,000,000 inhabitants of the Gold Coast could see in these foundations a real work of charity.

But the development of Berekum's medical facilities is not the end. The 100-bed-general hospital that has helped so many mothers has, in a sense, itself become a mother. A daughter hospital was established during 1954 at Techiman, about 50 miles away. The people of this village sent a committee bearing the promise to build their own Holy Family Hospital if the Sisters would come to staff it. And now another foundation has been announced for the near future. It will be a leprosarium in Kokofu.

The people of Ashanti District, Gold Coast have paid us the prized compliment of making us feel at home in their land. It is a privilege to serve them and a joy to know them.

FEBRUARY IS CATHOLIC PRESS MONTH . . .

1. *WHY NOT Renew your subscription to the MEDICAL MISSIONARY MAGAZINE?*
2. *Subscribe to the MEDICAL MISSIONARY for a friend.*

THE MEDICAL MISSIONARY
8400 PINE ROAD, FOX CHASE, PHILADELPHIA 11, PA.

1 year	$2.00
2 years	$3.00
3 years	$4.00
5 years	$6.00

Please enter my subscription to THE MEDICAL MISSIONARY MAGAZINE for:

Name _____

Street _____

City _____ **Zone** ____ **State** _____

Berekum Babies Don't Die

Sr. M. Richard, S.C.M.M.

AFRICA is a continent on fire, and the fire is the flame of desire for freedom that burns in the hearts of its people. Africans want freedom. Their cry for it is so loud, so powerful and so insistent the whole world can hear it. Our Society is concerned with one aspect of this freedom they hope to achieve. It is a fundamental one — which all men are entitled to share — freedom from disease, or the right to the highest attainable standard of health.

The Medical Mission Sisters are active participants in the battle being waged to bring the benefits of modern medicine to Africa's towns and villages. They are professionally prepared to render service to a people who are in great need of the aid which science has made possible for skilled hands to administer.

But so vast a continent, so tremendous the amount of suffering, so few the number of health workers, the problem of what to do, and where, is like trying to solve a complex puzzle. Fortunately Divine Providence, with a clear view of the picture, helps to arrange the pieces — one to fit here, another there. To the Medical Mission Sisters, Providence assigned the village of Berekum on the Gold Coast as their first field of labor in Africa. Four days after the Sisters stepped onto the African continent, long in advance of the opening date of Holy Family Dispensary, before supplies were unpacked or furniture arranged, a patient arrived at one o'clock in the morning. The low, soft moans of a woman in labor were enough to rouse the Sisters from sleep.

Several hours later, Kwaku Hubert, a seven-pound boy became the first baby born at Holy Family Dispensary.

A pattern was set that night and the Sisters have worked according to that pattern ever since. They have concentrated on maternal and child welfare, a service which they believe to be the most productive of good for their people.

When the Sisters arrived in Berekum, maternal and infant deaths were so frequent — they were expected. Women lived in anxiety, wondering if, or how soon their babies would die. They consulted witch doctors, wore charms, made sacrifices and begged the gods for health for themselves and their offspring. Their lives were filled with fear and superstition. Their practices before a baby's birth made every confinement precarious.

It was the task of the Sisters in Berekum to prove that modern medicine's methods were better than the antics of witch doctors, the magic of fetishes and the crude ministrations of tribal midwives. That they were successful is evidenced by the saying which has become common in the area — "Berekum babies don't die anymore."

Since the day Kwaku Hubert was born, many women have come to ask for and act upon the advice received from the Sisters. The "hands that rock the nation's cradle" have been taught how to care for their babies, how to keep them clean and healthy. Simple lessons in hygiene have been given, dietary suggestions have been made and public health measures inaugurated to dispel the ignorance of years. African women have accepted this aid and profited by it and there is hope for higher health standards within the radius of these hospitals.

As a complement to their care of mothers and babies, the Sisters have sought to bring to their people, a consciousness of human dignity. They have shown the Christian way of caring for the sick. They have brought some little touch of Christ's love and mercy

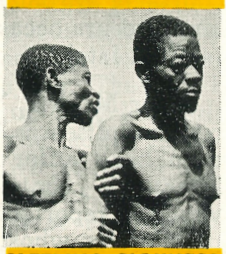
(Continued on Page 31)

Maternity Clinic Day in Berekum.

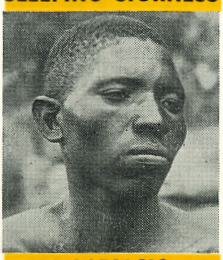
The Patients Line up

MALARIA

YAWS



SLEEPING SICKNESS



FILARIASIS

LEPROSY

AFRICA was the dark continent until the beginning of this century. Two diseases had long held a reign on development and helped more than others to give this country its fatal reputation . . . Yellow Fever and Malaria. Thanks to wide control measures and incessant vigilance, Yellow Fever is no longer a scourge in Africa. Nor is Malaria any longer a sword hanging over the head of European or tourist. They have easy means of protection. Generally, however, the mass of the African population is still at the mercy of Malaria.

Malaria leads the list in the number of its victims, and the severity of its attacks at Holy Family Hospital, Berekum, in the Gold Coast, a 100-bed-general hospital in the bush. The most common type is Falciparum Malaria often referred to as malignant tertian Malaria. It is estimated that there is a 25-50% mortality in the untreated cases of this form of Malaria, in this area of Berekum.

A great number of young children, and occasionally some adults have an enlarged spleen which is the result of chronic Malaria. We have had three or four cases of ruptured spleen as a result of trauma from fighting or lorry accidents. Such accidents are usually fatal but one incident of successful surgical intervention, occurred this week. An elderly woman suffered from an attack of acute abdominal pain while returning from the farm with a load of firewood on her head. She collapsed, the wood falling from her head scratching and bruising her bare shoulders and back.

On admision, she was in a state of severe shock. As the veins of her arms were collapsed, Doctor cut-down to the vein in her foot to give her intravenous Dextran (plasma substitute). Meanwhile two other acutely ill patients had been admitted: an intestinal obstruction case in a young man who had been brought from a village some 90 miles away, and a man with a strangulated hernia who

came from another direction some 50 miles away. Starting surgery about 9 P.M., each of these cases were done successively. By the time they were completed, the condition of the old lady had improved enough to warrant hope that she would survive an operation, so at 3 A.M. she went to the operating room. Dr. Stacpoole-Ryding, on our staff, operated, performing a splenectomy. Today, 72 hours post-operative, the patient's condition is excellent, and she is receiving all the attention of a queen bee from a devoted family.

Blackwater Fever, a severe disease which may appear in the course of chronic Falciparum Malaria, occurs occasionally here and is often fatal.

After Malaria, Yaws is our most common disease. Many of the children here suffer from it. It is an infectious, contagious disease which is reportedly highest among populations whose level of personal hygiene is low. Unlike many of the neighboring tribes, the Ashantes have a high standard of personal hygiene . . . a daily bath, sometimes *two* a day, with soap and scouring *sponge* as a must; so they should be unlikely candidates for Yaws. However, most of the cases occur among the children between the ages of three and twelve years. At about three years the child is walking and being looked after by an older sister or cousin who takes over the caring for the little ones with varying degrees of efficiency; while the mother is occupied with bathing and caring for the little newborn. This may account for the fact that the tiny babies, and adults, among the Ashantes have skin beautifully oiled and cared for, while the

There are an estimated 10,000 suffering from Leprosy in Ashanti District where the Medical Mission Sisters are opening a Leprosarium, this year at Kokofu.

Sr. M. Paula, R. N. (in Africa again) and a boy with a deep ulcer from Yaws.

young children frequently suffer from scabies, mixed skin infections, ulcers and various stages of Yaws infection.

In this hospital, Penicillin injections are usually given for Yaws. Results are dramatic; often a single injection, in early cases, will clear the lesions, which dry up in a few days.

The more advanced cases which have deep, draining ulcers respond more slowly to therapy. For some of these Dr. Stacpoole-Ryding has successfully grafted skin onto the denuded area. Two of our young men patients in Ward 3 are happily contemplating skin grafts. Both had a successful *take*. It is a long procedure, taking lots of patience on the part of the sick ones and nursing staff, but it is well worth the time and effort.

Sleeping Sickness (Trypanosomiasis) is endemic to this region; incidence is heaviest around swampy and river localities which afford breeding places for the tsetse fly, vector of the disease. A special branch of the government medical department is devoted to studying the spread of the infection and its development.

A recent hospital admission of ours was a young man in the terminal stages of Sleeping Sickness; he had complained of headache and backache for several months but had received no adequate medical care until it was too late. Only when he showed signs of being disoriented did the family seek advice and hospitalization. Although this patient failed to respond to treatment, this is not always the case with all those in the second stage of the disease. Good results are obtained from continued treatment, especially for those who come early and who persevere.

Although not specifically a tropical disease, Smallpox still occurs. Routine vaccination is performed in the towns and villages, by the agents of the Medical Office of Health, but public cooperation lags until an epidemic breaks out as it did in 1950, a few miles from Berekum.

Guinea Worm Infection (Dracunculiasis) is a very disabling disease, sometimes crippling more than half the adults of villages where the water supply is contaminated. A customary procedure with the Africans is to gradually extract the worm from the leg. As a small bit of the worm protrudes from the opening, it is tied to a bit of stick and fastened to twine or a vine around the leg. Then it is gradually rolled up as it is gently pulled out. As the adult female worm is from two to three feet long, this is a tedious procedure which often takes several weeks.

There is no specific drug for cure of the disease, or prophylaxis. The obvious means of checking the disease would be cleaning up water supplies, but in the remote village it is not an easy task. First, the people themselves must be convinced. The older generations still believe that sickness is caused by evil spirits. It will come with education and patience and repeated explanations and demonstrations on the benefits of good water. This is true of the control of many of the diseases prevalent in this district. With improved standards of living, personal hygiene, etc., many diseases can be controlled and minimized if not completely eradicated.

Sr. M. Raphael, Pharm.

The Village Celebrates

the YAM FESTIVAL

Sr. M. Raphael, Pharm.

DURING the first week of February, Berekum observed the Yam Festival, their most important annual Ashanti feast. Friday climaxed a week of dancing to the ceremonial drums, and making offerings at the fetish temples on the outskirts of the town. The offerings are the fruits of the earth, in thanksgiving for the harvest. This year the feast was held in February; actually it should take place in the fall when the new yams, which are never eaten, are offered to the fetishes (gods).

As it was a Friday, the village women got a 2-in-1 bargain for their lorry fare: their prenatal visit to the dispensary, and the feast. Both patients and Sisters watched the event.

Friday afternoon Nana Berekumhene and the chiefs of the division assembled with their courts, and all the people before the chief's house. There was drumming, shooting, singing, dancing, and to make a little more noise, a brass band. The people thronged about the native court, assembled in all its court dress of feathers, gold bangles, and brilliantly colored cloths. There was the attendant who balanced on his head a tray of many pairs of Nana's sandals. The number of a chief's sandals is proportional to his prestige. Another wore around his head a metal band dangling dozens of keys — symbol of power. Nana sat on a dais with his retinue around him as the sub-chiefs paid their respects. Then some villagers came forward, in procession, to offer him firewood. Women led the way, carrying green branches, swaying and keeping time to the music. Young boys carried the short logs which were newly hewn.

After this the procession to the grove was formed. This is the only time in the year the black stools of chiefs are carried in state. They are typical Ashante stools, curved seat on short carved poles of unpainted polished wood. Twelve in number, they were the personal stools of the deceased chiefs of Berekum. After the deaths of the respective chiefs, they were blackened and offerings of blood of sheep and chickens poured over them; they are believed to possess the spirit of the deceased chief. They are kept in a special house, under the guardianship of a subchief. At the Yam Festival food offerings are made to the spirits of the deceased chiefs. Yams are pounded to a sticky mass in big wooden mortars to make fufu; big lumps which look like unbaked loaves of bread, and taste to us like uncooked dumplings. The Ashante dearly loves fufu which is served in a hot meat sauce. For this pagan feast, sheep are slaughtered and the blood poured in libation; these animals are then used for the meat soup. Huge bowls of this food are placed before the stools, the people withdraw, and return the next morning to find the food has disappeared.

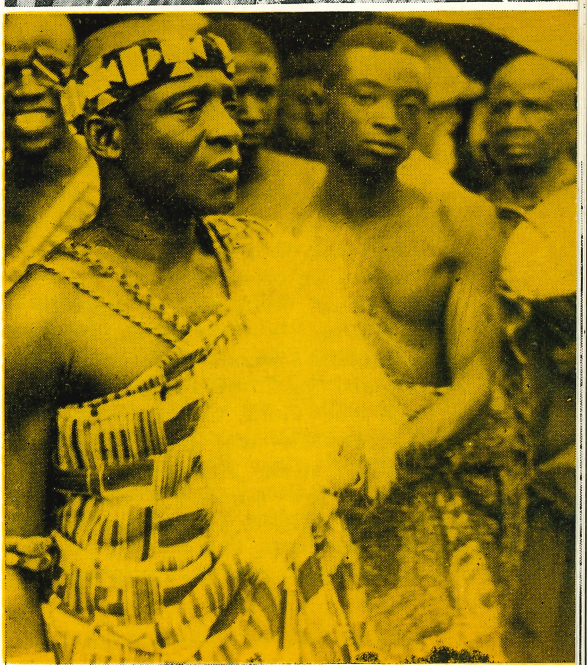
On this last day of the festivities, when the stools are carried,

(Continued on Page 31)

The day before the feast — the farmer harvesting yams.

It's taboo to carry them to town before the actual day. He hides the tubers in a tree.

The day has dawned. Farmers troop into town with their offerings.



The Berekumhene (Chief) demonstrates his skill as a warrior at the feast.

Dr. Ynez C. Tyler, Director of Health Dept., Vallejo, Cal., and Yaa Manu, patient with Madura foot disease, Berekum, G. C.

In answer to an S. O. S. from our Sisters in Berekum, Dr. Tyler came to Africa. Twenty years ago she was surgeon in our hospital in Rawalpindi, West Pakistan.

Bush Surgeon

Ynez Coit Tyler, M. D.

A FLIGHT of 48 hours took me from San Francisco to Berekum, in the Gold Coast, West Africa . . . From a highly modernized, mechanized and sanitationized country to a village where there were lots of flying ants, flies, mosquitoes, fast traveling centipedes and other crawling creatures.

It is difficult to describe my feelings — hearing again Sr. M. Laetitia's voice (which I had not heard for 20 years) welcoming me to the Gold Coast, as I walked across the wet pavement at 1:40 A.M., at the Accra airport, Africa. In a few months I was to have many varied and unusual experiences.

Apparently the talking drums had announced the arrival of a physician, for when we arrived at the hospital that evening, a walk through the wards showed every bed full, and from then on the operative surgery kept coming in all times of the day and night.

One of the first cases that I operated upon and recall with interest and a smile is Kofe, a 48-year-old man, acutely ill and in shock, with an incarcerated right hernia. It was apparently produced by the miserable concoction given him by a witch doctor. After a general anaesthesia, several million units of crystalline penicillin into the abdominal cavity, and intramuscularly, he made an uneventful recovery except that there was still some fluid in the sac and he was disappointed. Twelve days later we took him to surgery for a bottle-neck operation under local. Much to my amazement and disappointment, just as the surgical field was being p r e p a r e d he jumped off the table, sterile towels and all, and fled into the bush and did not return to the ward

until late that evening. He had misunderstood the motions of the nurse and had a wrong idea of what I was going to do. However, a few days later he called me to his bedside beaming with pleasure, for by this time, my original operation had worked.

The surgical operations were many and varied — some very serious and inoperable. It was astonishing to see so many inoperable carcinomas in Berekum, as Dr. Schweitzer states in his book, they were rare in Lambarene, in French Equatorial Africa.

Of the many cases rare and outstanding, both to me and my colleagues, were the two cases of mycetoma or madura foot. Yaa Manu, far advanced; Akua Duku, moderately advanced. Yaa Manu, the far advanced case of madura foot, whose only means of locomotion was on all fours had a caesarean section operation under spinal anaesthesia. She was 36 years old, and always wanted a baby — a little girl. Her brother knowing she would not survive childbirth under primitive conditions drove her 80 miles over a narrow rough road to the Holy Family Hospital. Sr. M. Vincent, R.N. who was on night duty, and always seemed to have the greatest number of the most unusual cases, sent me a note saying a small dwarf-like woman — with bumps all over, had been admitted. When I examined her I knew she had a disease I had never seen before, and while Sister was getting the surgery ready, I scanned through the tropical medicine book and diagnosed the case as madura mycosis or madura foot. This disease was later confirmed by the District Medical Commissioner. It is a fungus disease affecting mainly the foot and rarely other parts of the body. This one was the rare case. The fungus gets into the vessels, especially the lymphatic system, obliterating them. As the foot enlarges it becomes mis-shapen. Her right foot was attached to the attenuated leg by the skin and tendons, the lower bone and muscle having disintegrated.

I recall with pleasure her face when Sister told her she had a baby girl. The face and body misshapen and somewhat repulsive, suddenly lighted up — and the large brown eyes became warm with happiness and gratitude. I wrote her last Christmas time, but no answer has ever come. I often wonder how she and the baby have managed to exist with such terrific handicaps.

Almost every tropical disease in Manson's Tropical Medicine Book came into the clinic and wards, they too were interesting and a challenge.

Just as the lush green bush is suddenly absorbed in the blackness of the night, just as the small animals, birds and crawling creatures take over at sunset with their weird loud screams, so the sky becomes beautiful with the thousand bright stars and the southern cross, and the seemingly difficult work takes on a brighter hue.

Standing near the convent the night before I left for California, I reviewed the many happy hours of work I had had with the Sisters, and a feeling of sadness came o'er me — I was thankful that such a mission was available for these primitive people who need help so badly.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

Never a dull moment!

WEST AFRICAN SUNDAY

Sr. M. Raphael, Pharm.

WE were thinking this morning that nothing typifies the leisureliness of the tropics as does Sunday Mass at the parish church. What time does it begin? We get there before 7 A.M. because that is the time it is scheduled. Actually it begins when Father has heard all the confessions of anyone who wishes to confess . . . usually closer to 7:30 than 7. It is touching to know that many of the people have walked in three or four miles to attend Mass . . . some of them elderly men and women, and women with babies on their backs. Even if Junior is three years old, it is quicker to carry him than to wait for him to toddle. So he gets a ride. After such effort you can't blame them for wandering in at 7:15 and wanting to go to confession before Mass . . . such devotion. But then a closer look at the line shows you that half the people, the latest comers, are Berekum people. This pre-Mass activity can be a bit distracting. The men line up on one side, the women on the other. And whoever is the quickest to sprint up to the sanctuary, goes next. No such thing as taking turns. Sometimes two of the contestants, pardon, penitents, collide in the aisle. The quickest to recover gets to the confessional prie-dieu first. I am always happy to see the women can hold their own both in speed and endurance.

About 7:20 the little servers light the candles and blow up the coals in the thurible. By the time they come on the altar they have a fire fit for a fufu dinner. Then High Mass begins. The congregation sings the common of the Mass, Gregorian with their own adaptations as to rhythm and pronunciation. All is slow and majestic except for the youngsters who escape to the center aisle and romp around before they are captured and returned to their mammies. They then get a piece of fried plantain or bread on which to munch . . . like elsewhere youngsters get a compact or car keys to amuse them. The sermon is the most leisurely of all, seldom less than 45 minutes, counting announcements and all the trimmings. (When I remember how in the summer back home many parishes omit the sermon because of the heat!)

Last Sunday we had the Peter's Pence Collection. Father explained to the people the origin and necessity of the collection. Also told them that in

old days a penny was of more value than it is today, and they should not think that they were to put in *only* a penny. He reminded them that several years ago a penny would buy a box of matches. Now one box cost three pence. I thought of the old man at the dispensary who told us that he remembered the very early days before the White Man came, and before they had any cocoa. They dug for gold, and took rubber to the Coast for trade. However, from the clank of heavy coins that went into Father's collection plate, I think it was literally a Peter's Pence.

One of the collection *plates* is the hub (Chromium plated) cap of a car, soldered onto a stick. It makes an elegant church fixture, and also lets the congregation know just what each one dropped in, from the metallic clang with which it receives the offerings. Half-pennies are slightly smaller than six pences, also with a hole in them. They are picturesquely called by the Ashantes *capré-ba,* the child of a penny. Can you imagine us taking up a church collection of pennies? It strikes us as funny, people giving a penny in the collection box when you know they could afford more. But actually, the Christians pay, or are supposed to, monthly dues which are equivalent to what they would give in the Sunday collection. They get a Church membership card when they are baptized and on it is recorded Baptism, Confirmation, Matrimony, t h e i r Easter duties and monthly dues.

Recently, while Father was seated during the singing of the Credo, a woman who came to church too late for confessions, went up and knelt in front of Father and went to Confession. Simplicity?

If all goes smoothly we get home from seven o'clock Mass about 8:45. Sometimes nine o'clock. We certainly feel that we have fufilled our Sunday obligations!

* * *

The Bishop was here last Sunday to confirm the year's class of converts. It is a big day for the parish, and Holy Family Hospital always manages to have some of its help in the ceremonies. This year the cook and the laundry boy were both confirmed.

During the last year's ceremony when the priest called the candidates forward, one at a time, there was one youngster missing. He had gone outside for a few minutes . . . To the priest's embarrassment, the catechist simply stated the candidates' absence and the reason for it . . . and the Bishop hurried on to the next candidate. This year, to prevent another such happening, the Bishop announced that anyone standing outside could *not* be confirmed. Now the Church is too small to hold the crowds that come for the ceremony. And very logically the people drew the conclusion that if those *outside* could not be confirmed—all those *inside* could, and there was a stampede to get into the Church. The Catechumens would love to be confirmed w i t h o u t instructions and exams.

Ashanti Children are named for the days of the week. Sr. M. Laetitia writes about one in Techiman, the new mission.

Sr. M. Josephine, R. N. with the "Star patient."

SATURDAY'S CHILD

Sr. M. Laetitia, R. N.

THE dispensary was in full swing. The Sisters were examining and treating patient after patient. Men, women and children were crowding in: Ashantis, Fantis, Nigerians, Lobis, Dagartis, Dagombas. Victims of leprosy, accident cases, yaws, malaria, dysentery, burns — there seemed to be no end of them.

One woman, an Ashanti, carried a pitiful scrap of humanity in her arms. The child was about three and a half years old and about the size of a six-month-old baby. His teeth consisted of a few decayed roots; he had not much use of his hands, his arms were contracted and his knees were almost touching his chin. He had scabies and sores and altogether was an unappetizing little specimen.

"Mammy, leave him here and let us see what we can do for him," said the Sister.

"I must go back home to ask," was the reply.

A polite way of saying 'no,' thought the Sister.

A few days later, much to her surprise, Mammy returned with her little scrap.

The first problem was a bed. The hospital was just beginning and there was not much equipment. But the carpenter made quite a good one from some odd pieces of wood.

All that Kwame ("Saturday" in Twi) would eat was yam. All he would do was sit. He sat and sat and stared into space. And called, "Mammyo, Mammyo, Mammyo" until everybody was just about frantic. After two weeks he suddenly called out "bruni" (white one). The Sisters tried to get him to say "Sister" but he would not.

Then one day, after six weeks, Kwame smiled, the sweetest smile imaginable. It was the first time that the dimple in his cheek showed up and the Sisters realized what a pretty little face he had.

It was a great undertaking to even attempt to straighten his legs. At first, amid screams and shrieks, they were put up in vertical extensions, later in a horizontal position with pulleys and weights. Slowly Kwame began to improve. There was a swinging wooden bar hanging over his bed and one day a little contracted arm and puffy wrist reached up to it.

A modified Kenny treatment of hot soaks and massage proved most effective. Leaning back in his steaming tub (the pharmacy sink) sweat rolling down his face and imperiously o r d e r i n g everyone around, Saturday's child looked like a Roman emperor in his bath.

His ribs began to be covered by more than a bit of skin, his hair and skin to shine and one day he stood alone! He got so that he could walk all doubled up with two people holding his arms and supporting him. Then he took his first step by himself! Never was a child so happy; his big eyes rolled, his face shone and "Sistah, Sistah, shwe," (look) he shouted. Not only were both knees ankylosed but also his hips. It did not seem possible that the joints could be loosened. But hydrotherapy and massage mixed with a few prayers did the impossible.

It looks as though Kwame will walk quite normally in time. But the cost has been great. Yet he bears the pain almost humorously. One day when Sr. M. Laetitia had finished a massage and some terribly painful manipulations, with big tears still streaming down his little face he put his arms around her neck and sobbed: "Wo Mammy-Sister" (You Mammy-Sister).

Another time he said to Sr. M. Vincent: "Sister Painini (chief Sister) did kru-kru-kru" Kru means a sore. It was his way of saying Sister had hurt him.

One morning Sister was sitting at a table and he came hobbling along, sat down on the ground and started to give her foot a perfect little massage, complete with manipulations. Then he looked up all twinkling and said: "Kru" (hurt). He has been a great deal of work and expense but has repaid it with all the love of his little heart.

One night he made his bed wet; he often does. Sister threatened to punish him. Later in the day he was trying to cajole an orange out of her. "Who did jinsu in his bed last night?" frowned Sister. Without a second of hesitation, eyes twinkling, face alight he pointed a crooked little finger at her and chuckled: "Wo" (you).

Kwame has spread the fame of the hospital far and wide. Everyone with a retarded, crippled or mental child from miles around is bringing it for a repetition of "Kwame's miracle."

. . . And David danced with all his might before the Lord. (Kings 6:14)

Return to the Sacred Dance

Sr. M. Gerard, M. A.

DANCING has always been used by religious peoples as a means of praising God. Even among the most primitive, we will find the dance as part of their religious rites and ceremonial. The dance in this context is probably the most universal liturgy, the most common expression of the religious emotions. David dancing before the Ark of the Lord is symbol and type of man's innate desire to worship God with his whole self, body as well as soul.

Nowhere is this fact more apparent than in Africa. "I cannot conceive how African Negroes could praise God without dancing . . ." says Father Jean Danielou (see his *The Salvation of the Nations*). Indeed, the whole of the Dark Continent pulsates to the beating of drums, the swaying of bodies, the rhythmic rise and fall of feet. Dancing is as natural as breathing to the African.

Just recently, the mother of one of our Sister-nurses stationed on the Gold Coast, came to the motherhouse to tell us all about her first visit to Berekum. Of all the many delightful stories she told us, one stands out as typifying all the rest. One day she met a group of our African nurses-in-training on their way home from the village Church. They were all clapping their hands in rhythm, swaying from side to side, like children trying to express a joy they all shared. The "Bruni" (white mother, as they called their visitor from the States) couldn't resist falling in step with them, picking up the beat, and going forward to meet them. Needless to say, the young

Dancing is as natural as breathing to the African.

African girls were delighted.

Only an incident, but it has a great deal to teach us. Sometimes we Westerners get so used to the role of teacher, we forget that other nations and peoples have so many things to teach *us*, if only we will listen and learn.

How often are we so eager (and impatient) to *bring* what we have that we miss *taking* what these other lands have to *give*. Yet we know that any exchange between nations and cultures must be a matter of "give and take" if it is to develop and enrich both sides.

Certainly, the Africans have something to teach us about rhythm, and about the use of the body to express our deepest human and religious emotions. They can remind us of the sacramental use of the body when it consecrates its movements to the praise of God, or to use the words of Father Danielou once again: "Through them (the Africans) we would discover once again the liturgical meaning of the sacred dance." Actually, the liturgy of the Christian Church takes this sacramental principle for its starting point, teaching that the body and material things must be dedicated to the worship of God, for it is precisely through visible things that we may be brought to the invisible. (Preface for Christmas).

In other words, the dancing African should feel right at home in the Church of God. There is a place for his rhythm in the liturgical praise of the Lord, of this Creator and Master of all rhythms, both the movement of the stars in heaven and swing of the tides of the sea.

Only we non-Africans, who perhaps are quite formal and staid ("stiff" might be the better word) in our worship of God, ought not to act as Michol, the daughter of Saul, who when she " . . . saw King David leaping and dancing before the Lord . . . she despised him in her heart." (2 Kings 6:16). For the Africans might well reply in the words of this dancing King: "Before the Lord who chose me . . . *I will both play* and make myself meaner, than I have done: and I will be little in my own eyes."

And this is one of the many lessons the African has to teach.

May They Rest In Peace

Please pray for our recently deceased benefactors and friends

Rev. Michael P. McMahon, Roslyn, Pa.

Mr. Ferdinand Boeckmann, Little Rock, Ark.
(Father of Sr. M. Xavier, S.C.M.M.)

Mrs. C. Clinch, No. Tonawanda, N. Y.
(Mother of Sr. M. Denise, S.C.M.M.)

Mr. William Driscoll, Phila., Pa.

Mr. John Henneberger, Los Angeles, Cal.

Mr. Bernard Jagielski, St. Cloud, Minn.
(Father of Sr. M. Eugenia, S.C.M.M.)

Mr. Thomas Noone, Phila., Pa.

Mr. Joseph J. Rumbarger, Phila., Pa.

Mr. Anthony Tassinari, Amersbury, Mass.
(Brother of Sr. M. Gemma, S.C.M.M.)

Msgr. O'Grady recently visited the Gold Coast as a representative of the

Progress in the Gold Coast

Rt. Rev. Msgr. John O'Grady

THERE is no place in which one can understand more clearly the newly emerging relationships between Europeans and Africans than in the Gold Coast. Four years ago there was a great deal of mutual suspicion between the two peoples in this area. Within the intervening period these suspicions have been largely dissipated. Within this short period the Europeans have made real progress in their understanding of the Africans. It would be an exaggeration to say that this is true of all Europeans, but it is true of a growing number of them. They have been willing to receive him into their own homes. They have developed more and more appreciation of what the African can bring to the development of his own country. They have come to recognize the fine contribution that tribal institutions can contribute to African development and what the concept of the large family can contribute to African social life.

How often one hears throughout the Gold Coast at the present time that it is a choice between "Arsenal and the Corinthians" in the

General elections in the Gold Coast. Voting for the first time under the new constitution.

The Right Hon. Kwame Nkrumah, Prime Minister of the Gold Coast.

relationships between the Africans and the Europeans, in other words it is a choice between force and Christian charity as expressed in the 13th Chapter of St. Paul's First Epistle to the Corinthians. Our objective then should be the application of the Pauline concept of Christian charity in the relationships between Europeans and Africans.

Both must be willing to live together in a Christian community. Their relationships must be a living expression of the Mystical Body of Christ. They must learn to live as brothers in Christ, as part of an institution of which Christ is the Head. More concretely they must be willing to work together for a mutual sharing of all the blessings and all the graces that they have gained for Christ's redemption. They must join in the sharing of their strengths. The strong members of this Mystical Body must be willing to share their gifts with the weaker ones. They must be interested in the fullest development of the weaker brethren. They will not want to deny to the weaker ones the opportunities for the fullest development of their talents. They cannot continue to regard them as incapable of the fullest development as human beings, as children of God and heirs of a common Father.

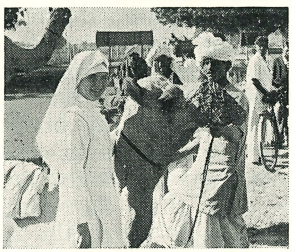
We are learning from the Gold Coast that both Europeans and Africans need to work out their concrete relationships on the basis of a joint sharing of their interests and ideas. It seems from the experience of the Gold Coast that the African needs the talents of the European for some years to come in the development of his country. It is clear also that Europeans should work whole-heartedly for the development of the African until he reaches the point for the complete assumption of his own responsibilities. This means that he will have acquired all the qualities and all the skills necessary for the development of the new society that is in process of development. It does not necessarily mean that this will be a completely African society. There is no reason why Europeans should not have the opportunity of sharing in this society on a permanent basis. While the society will be controlled by an African majority, this control will be exercised on the basis of the Christian principles governing the rights of the individuals and families that constitute it.

. . . all in the day's work

gratitude

We were so busy this last season. I remember one man for whom I did private duty. He had been on a pilgrimage to all the Hindu holy places, and contracted dysentery. His wife massaged his abdomen and not realizing it, ruptured his intestines. He died of peritonitis. He was such a nice man and he kept saying "Thank you, Sister, you take too much trouble for me." He was from Bombay, a long ways from here, and his wife and three small children were stranded. They were so helpless about the funeral arrangements, it was pitiful. Men take care of all affairs in the Indian family. Thank heavens, his business partner rushed up from Bombay to take care of them.

Sr. M. Carol, R.N., Mussoorie, India



Sister M. Carol, with a camel in the Bazaar.

wedding season

Last night I went to take a peek at the celebration going on outside the gate. It was a Shadi (wedding), this being the season. I arrived just in time to see the groom passing by in full regalia. He was young, perhaps ten or twelve years old. He was wearing a tall ornamented hat. Behind the groom on the horse-drawn carriage were men dressed in colorful dhoties and shirts (Indian dress) holding an ornate umbrella over his head and fanning him with fans made of ostrich plumes. (Later I learned they were made of cow's tails!) Little girls, evidently his sisters, were sitting on the floor facing him. Their faces expressed their admiration of their older brother's exalted state. A woman in the audience looked at me in a pitying way and asked if I didn't long to be in the procession. My Hindi being such as it is, I left the explaining to Sr. M. Aquinas and continued to enjoy the band, made up of long gold horns, drums and native instruments.

Sr. M. Bertrand, R.N., Patna, India

language difficulties

The Sisters who arrived are hard at work studying Spanish — our "great stumbling block." Two of them were looking at a patient's chart the other day and found an order which read: "sopa tibia." One said to the other: "Does that mean 'elevate the leg'?" To which the other responded, "Not quite, it means, 'Warm Soup'!"

Sr. Miriam, R.N., Maracaibo, Ven.

silver jubilee celebration

On Sunday, August 28th, His Grace, Archbishop Nicholas Kujur, S.J., celebrated his Sacerdotal Silver Jubilee. Sr. M. David and I, witht a bus load of nurses attended Pontifical Benediction at 4 P.M. in Ranchi. The bus chugged out of the Mandar gate in a pouring rain at 1:30 P.M., but the mood was festive. During our 16 miles ride to Ranchi we sang everything from "John Brown's Body," to hymns to Our Lady in Hindi. We reached Ranchi's Government Gate at 2:30 P.M. — an hour and a half too early. What to do? We turned left on the Kanki Road and were off to inspect the new Ranchi Dam — a result of Demolder and Bokaro (maybe you've heard these words) projects. One old farmer treking along in the mud-soaked road stopped amazed, exclaiming, "What! it's raining and you are out in it to look at more water!!" The pretty Sunday saris soon lost their freshness and our new shoes turned old, while we walked to see the water.

As the second bell rang for Benediction we entered the Cathedral. His Grace officiated. The entire congregation alternating with the Seminary Choir voiced a jubilant Te Deum at the close of Benediction.

Next on the schedule was a play in the new auditorium at St. John's Parish. His Grace entered to the applause of about 3,000 Ranchi students. The play was a Cantata retelling the story of Joseph and his Brothers. At one point of the play as Joseph was thrown into a real pit on the stage, the first row of youngsters rose up en masse to see where he went. In another scene a singer in Hindi encouraged the cast to join in the praises of Joseph saying "Sub Bolo" (all together now) so the entire *audience* joined in the chorus.

Sr. M. Evelyn, M.T., Mandar, India

her money's-worth

The Hospital is full to overflowing with an unusual number of major operations for this time of the year. Did I ever tell you about the woman who was highly indignant after

her third operation, because we went through the old scar and now she only has two scars to show for her three operations. Sr. M. Leonie, M.D., Patna, India

when diagnosis counts

NE day, an American child was brought in from Chakala, the son of one of the U. S. officers on the "Aid to Pakistan Team." The child was comatose, occasionally screaming with pain. Already the plans were made to send the child home as soon as plane arrangements could be made. Sr. M. Elise, M.D. did a spinal and nothing indicative of polio was found. Then Sr. M. Joachim, M.T., in the laboratory, reported a high blood sugar. The diagnosis of Diabetes was made. The parents were so relieved, they cancelled the trip to the United States. The parents are loudly proclaiming that the diagnosis was made in only three hours!

Another child came in from Murree where the diagnosis of meningitis had been made. Sr. M. Elise, M.D. said polio, and polio it was, only a mild attack. We put a special nurse on the case and she has done a good job with him. You can imagine how grateful the parents are. While the consultation was going on about the case, the mother, being strictly purdah, could not go to the room where the men were, but she called out, "If my child has to go to the hospital he will go to Holy Family Hospital in Rawalpindi and nowhere else." When the child came in, there was a note with him from the doctor who had been attending him in Murree, which read: "For some reason the mother is very attached to your hospital, so I advise admission of the child." Sr. M. Dolores, R.N.

did you ever make a roof?

The chapel roof is on! All this time it has been just four walls open to the heavens. First, they proceeded to make temporary brick pillars all along the middle of the chapel, putting more wood posts all around so that you couldn't walk through the place and finally they laid wooden planks on the top of these like a roof. Next, they threw mud, pieces of bushes and trees with green leaves all over the planks and stomped them all down flat. Then came the beams. Eight trough-like frames were built of wood and lined with the steel frames and cement was poured into these troughs. This is called reenforced concrete and constitutes the main strength of the ceiling. Finally the concrete was poured all over the whole roof and left to dry. The monsoon rains help to make the cement hard and when it is hard enough they will knock down all that temporary ceiling underneath and a false ceiling will be installed inside, for looks.

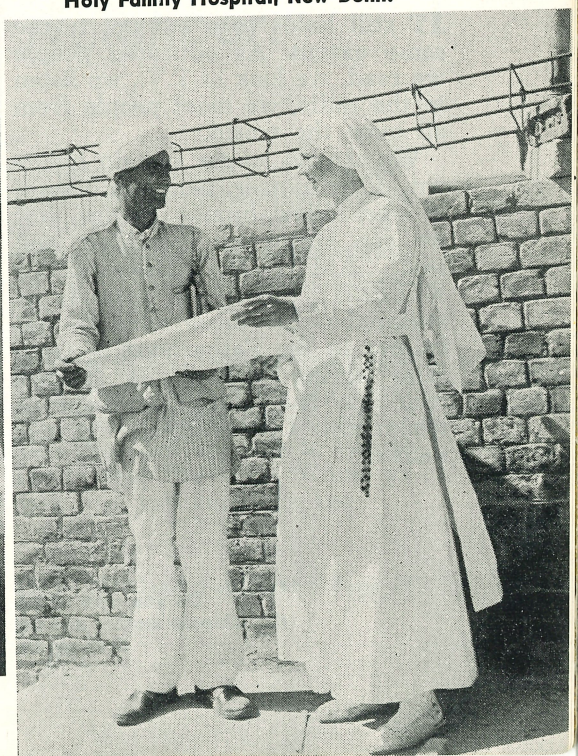
Sr. M. Charles, R.N., New Delhi, India

Medical Mission News Pictures

Sr. M. Andrea, R. N. is welcomed to the Hospital in Thuruthipuram, South India in traditional style.

Sr. M. Christopher dresses up a Punjabi boy in American clothes received from N. C. W. C.

Sr. M. Clare discusses plans for the opening of Holy Family Hospital, New Delhi.



MEDICAL

It is an old saying that one half of the world does not know how the other half lives.

An Indonesian mother is instructed in Childcare by a visiting nurse.

Am I My Brother's Keeper?

IT still holds true but not to the same extent. As educated people we read, we look at T.V., we listen to the radio, we meet people from all over the world.

We can no longer remain ignorant of the hunger, pain and disease of our fellow human beings, but we can shrug our shoulders and say: "AM I MY BROTHER'S KEEPER?" Such an attitude is reasonable for those who do not believe in the Fatherhood of God, Who unites the whole human race into one family; or those to whom the Divine Healer is not known.

Do you care whether this Chinese mother and baby lives or dies?

MISSION WORLD

The Medical Mission Sister is a modern Good Samaritan.

200,000 Indian women die each year in Childbirth. They need doctors and nurses to help them.

Who Is My Neighbor?

It goes without saying that we Christians cannot take this attitude. Christ, the God Man when He dwelt among us had compassion on the sick and suffering, and we have His command to "LOVE THY NEIGHBOR AS THYSELF." To leave no doubt as to whom is meant by this "neighbor" we have the parable of the Good Samaritan. Christ praised the Samaritan for caring for the "stranger" and told the lawyer to go and do likewise.

In the Orient today there are millions of human beings, strangers to us, who profess a different religion, many of whom are suffering and unable to cry out for help in their misery. Many are victims of diseases we are able to prevent or cure. Nor are we free to refuse to help them if we want on the last day to hear the word "Come ye blessed of my Father . . . For I was sick and you cared for me . . . I was a stranger and you took me in."

From Iowa to Africa

MEET Sister M. Camillus

Sr. M. Richard, S.C.M.M.

WHEREVER there is work to be done whether it's potatoes to be peeled, houses to be cleaned, miles to be driven, sick to be cared for or hospitals to be erected, you can count on Sr. M. Camillus Healy, sleeves rolled up and ready for action.

Experiences as a public health nurse in her home state of Iowa served as a stepping stone for Sr. M. Camillus' entrance into the Society. After her religious profession, Sister was assigned to the Catholic Maternity Institute in Santa Fe. For two years, she helped a goodly number of New Mexico citizens into this world and then moved over to Africa to Holy Family Hospital, Berekum.

Sr. M. Camillus' duties in Africa have included more than midwifery. Shortly after her arrival, she was called upon to supervise the building of additional wards for the hospital. In Africa, this assignment makes you a part-time architect, engineer, construction manager and brick layer. Sr. M. Camillus was "up" to all four. In between times, a smallpox epidemic took her into the jungle to nurse the victims of this dread, contagious disease.

In 1953, Sr. M. Camillus started the first Catholic school of nursing in the Gold Coast. This task also called for a variety of skills and virtues since the African student nurse must be taught many things about daily living before teacher can launch into anatomy, nursing arts, drugs and solutions.

Sr. M. Camillus can keep a kerosene refrigerator running (no mean accomplishment), care for a ward full of sick patients, and keep African husbands happy and quiet while awaiting news of new sons or daughters. All of these tasks and many more come under the heading of an ordinary day in the life of this Medical Mission Sister nurse in Africa.

Yam Festival

they are wrapped in colored cloths and carried on the shoulders of attendants, each one under an umbrella, and surrounded by groups of professional mourners who moan and bewail the deceased.

After the stools came the Berekumhene, carried in a palaquin on the shoulders of his guards. With sword in one hand and a revolver in the other, he lunged and feinted with imaginary foes, to demonstrate his fierceness as a warrior.

The crowds had gathered about two P.M. and it was six P.M. by the time the procession moved to the sacred grove where the fetish priest made incantations and enquired of the fetishes the future of the state.

When we returned from this scene of fetish worship, the sun was just going down and we knelt for First Friday Benediction of the Blessed Sacrament.

Berekum Babies Don't Die

to the bedside of their suffering patients and most especially they have tried to give to their women, the example of every woman's model, Mary.

It is in the interests of the African woman, the bearer of Africa's life that the Medical Mission Sisters are striving to impart some understanding of Mary and motherhood and woman's dignity. They hope to accomplish this through a sisterly charity which is solicitous for the health of both body and soul.

This is the African woman's hour of need. Her former primitive manner of life is giving way to the onrush of a more complicated civilization's advances. She must be prepared to cope with her new environment. She must be ready to make her own particular contribution to the new society which is growing up around her.

Introducing Our League of Gratitude

I RETURN THANKS TO GOD for my gift of faith and the blessings I have received. In gratitude I wish to share them with the sick in mission countries.

All members share in the prayers, works and sacrifices of our sister-missionaries throughout the world.

Dear Mother Dengel:

In thanksgiving to God for my gift of faith and other countless blessings, please enroll me in your LEAGUE OF GRATITUDE.

*As long as I can I will send one dollar or more a month. Please send me a monthly reminder.

Name .....

Street .....

City ..... Zone .... State .....

* May be changed or discontinued at any time.

Vitamins

500,000 needed for all our missions, where malnutrition and vitamin deficiencies are the order of the day. 1c a piece.

Medicines for Patients

Penicillin — 1 bottle (10cc) will cure 5 children with Yaws. 100 bottles ea. 25c

Instruments for our Doctors

Otoscope for the doctor in Mandar, India $14.50

Everything

From scalpels to syringes needed for our new mission in Kodarma, India, where there is only a little building with no equipment.
Syringes ..... $2.00 & Up

Icebox (kerosene run)

To keep medicines from spoiling in our Hospital in Changanacherry, where the temperature stays above 85° all during the year $30

Typewriters

Three needed for new and poor missions. It will save the Sisters' time and the editor will be able to read their letters. $30

Balance

For the Rawalpindi Pharmacy $100

Blankets

12 for our Dacca Hospital .... ea. $2.00

Chapel Furnishings

For our three new hospital chapels opening early this year.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

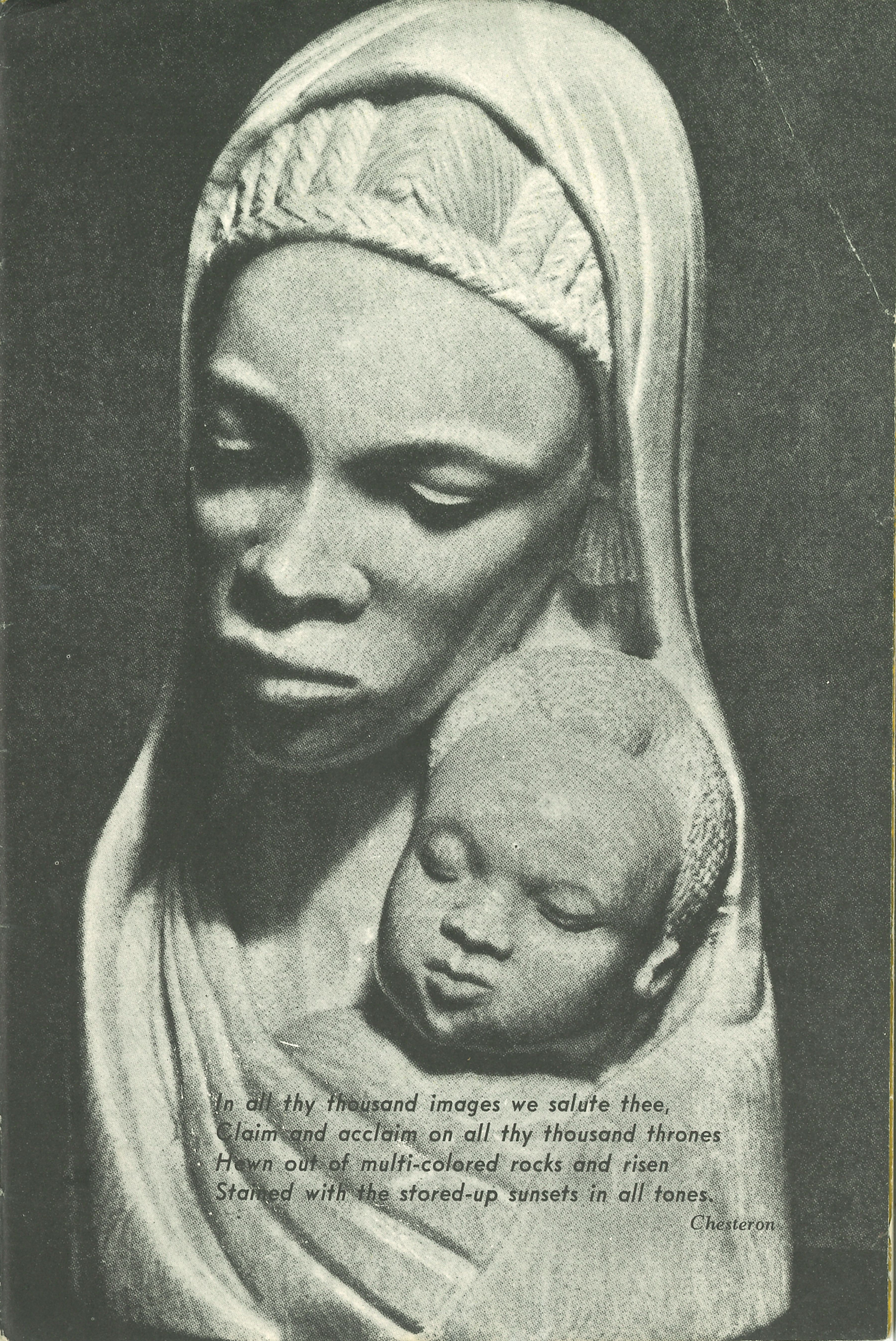
Dear Sisters:

Here are $_____ for your mission Hospital needs.

Name _____

Address _____

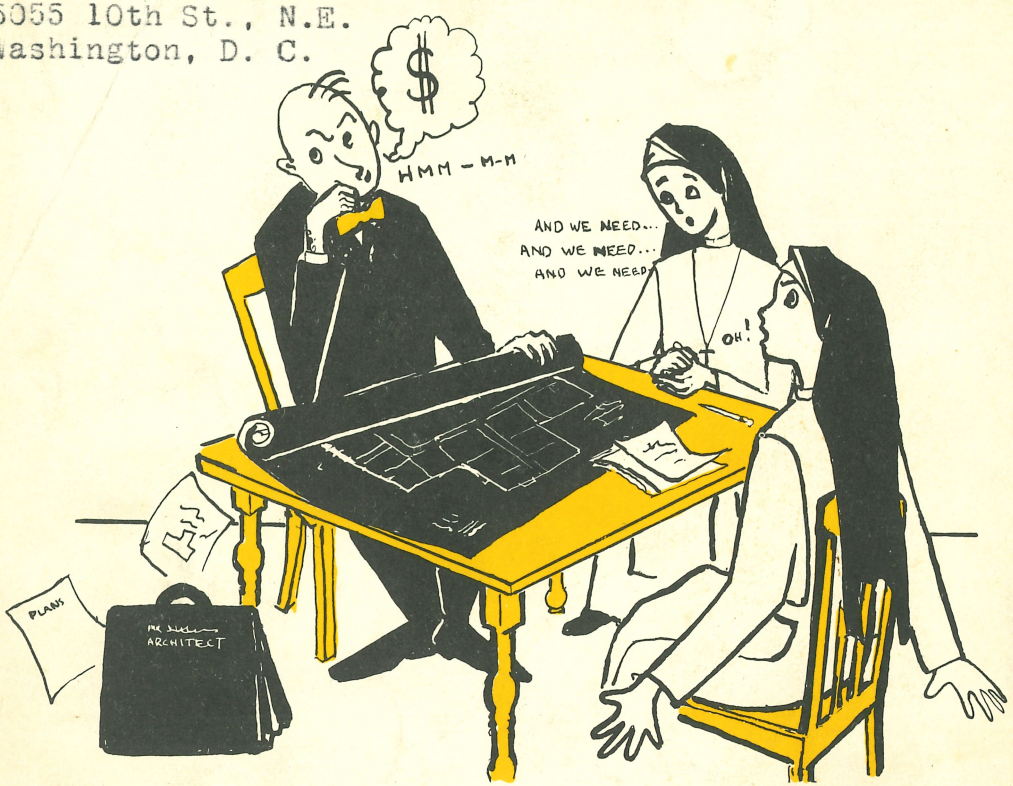
City _____ Zone ____ State _____



In all thy thousand images we salute thee,
Claim and acclaim on all thy thousand thrones
Hewn out of multi-colored rocks and risen
Stained with the stored-up sunsets in all tones.

Chesteron

Mr. Daniel Kiernan
5055 10th St., N.E.
Washington, D. C.



Maybe You'd Better Not Tell Us....

Dear Friend:

The Architect was here . . . UPstairs, downstairs, ALL around the house, we need more room . . . More community rooms, more work rooms, a laundry and an infirmary . . .

We know from the architects face that it will be a big bill.

We are trying to build a better world for the sick in the missions. Won't you be a builder with us? Anything you can give will be deeply appreciated.

Gratefully yours,

MOTHER ANNA DENGEL, M. D.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Mother Dengel:

I want to be a builder with you in your work. Here is $ . . . . . towards that end.

Name . . . . . .

Address . . . . . .

City . . . . . .